

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>1327</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2004</u> Through <u>02</u> / <u>01</u> / <u>2004</u>
3 Name and address of person filing Name <u>John</u> <u>Tschetter</u> P O Box Bldg Room No If any <u></u> Street <u>605 Hawkes Nest Circle</u> City <u>Rochester</u> State <u>New York</u> ZIP Code + 4 <u>14626-4883</u>	4 Name file number and address of labor organization Name <u>UA Local 13 plum pipe fitters</u> Labor Organization File Number <u>055 764</u> P O Box Building and Room Number if any <u></u> Street <u>1645 ST PAUL ST</u> City <u>Roch</u> State <u>NH</u> ZIP Code + 4 <u>14621</u>
5 Position in labor organization <u></u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name <u>UA LOCAL 13</u> Trade Name if any <u></u> P O Box Bldg Room No If any <u></u> Street <u>1645 ST PAUL ST</u> City <u>ROCHESTER</u> State <u>NEW YORK</u> ZIP Code + 4 <u>14621</u>	7 a Nature of Interest, Transaction or Income <u></u> 7 b Amount <u></u>
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- Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

John Tschetter

On

8-16-05

Date

Telephone Number

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name if any)Name UA LOCAL 13 INSURANCE FUNDTrade Name if any P O Box Bldg Room No if any Street 1645 ST PAUL STREETCity ROCHESTERState New York ZIP Code + 4 14621**9** Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's nameName Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **11 a** Nature of such dealing

PAYMENTS FOR ATTENDANCE AS TRUSTEE AT INTERNATIONAL  
FOUNDATION OF EMPLOYEE BENEFIT PLANS SEMINAR FROM  
11/29/04 TO 12/5/04 INCLUDES AIRFARE REGISTRATION  
FEE HOTEL AND MEALS

**11 b** Approximate dollar value of such dealing\$3,119**12 a** Nature of interest held or income received**12 b** Amount

**C** Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant  
(including trade name if any)Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 **14 a.** Nature of payment.**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name UA LOCAL 13 INSURANCE FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1645 ST PAUL STREET

City ROCHESTER

State New York ZIP Code + 4 14621

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

PAYMENTS RECEIVED FOR LOST WAGES FOR SERVING AS TRUSTEE AT VARIOUS BOARD MEETINGS IN 2004

11 b Approximate dollar value of such dealing

\$2 100

## 12 a Nature of interest held or income received

12 b Amount

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name UA LOCAL 13 INSURANCE FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1645 ST PAUL STREET

City ROCHESTER

State New York ZIP Code + 4 14621

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 11 a Nature of such dealing

PAYMENT OF BENEFITS FOR TIME LOST ATTENDING VARIOUS BOARD MEETINGS III 2004

11 b Approximate dollar value of such dealing

\$945

## 12 a Nature of interest held or income received

12 b Amount

Name of Person Filing JOHN TSCHETTER

File Number U NONE ASSIGNED

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name MANNING &amp; NAPIER ADVISORS, INC

Trade Name if any

P O Box Bldg Room No if any

Street 290 WOODCLIFF DRIVE

City FAIRPORT

State New York ZIP Code + 4 14450

## 10 If 9 b or 9 c is checked give trust or employer's name

Name UA LOCAL 13 INSURANCE FUND

Trade Name if any

P O Box, Bldg Room No if any

Street 1645 ST PAUL STREET

City ROCHESTER

State New York ZIP Code + 4 14621

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 11 a Nature of such dealing

GOLF OUTING, BOARD MEETING AND MEAL

11 b Approximate dollar value of such dealing

\$90

## 12 a Nature of interest held or income received

12 b Amount

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name COLUMBIA MANAGEMENT GROUP

Trade Name if any

P O Box Bldg Room No if any P O BOX 1350

Street 1300 SW SIXTH AVENUE

City PORTLAND

State Oregon ZIP Code + 4 97207-1350

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c. Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name UA LOCAL 13 INSURANCE FUND

Trade Name if any

P O Box, Bldg Room No if any

Street 1645 ST PAUL STREET

City ROCHESTER

State New York ZIP Code + 4 14621

## 11 a Nature of such dealing

GOLF OUTING BOARD MEETING AND MEAL

## 11 b Approximate dollar value of such dealing

\$90

## 12 a Nature of interest held or income received

## 12 b Amount